MANDATORY CASE MANAGER IN-SERVICE WEBINAR Q & A
12/16/15 & 12/17/15 LIVE-IN SERVICE PLANNING & TRAVEL TIME POLICY

Questions	Answers
Can you give an example of an 'emergent need' that would be granted by CO for additional hours passed the 16?	As a clarification, the Live-in HCW can claim the shift that they worked and up to an additional 3 hours per shift. This totals up to 19 hours per day. To go above the 19 hours, the emergent needs is generally when the consumer had an unexpected medical issue that required the HCW to provide additional care. We may also consider an exception when the hourly provider that should have relieved the live-in HCW did not show up, and there was not enough time to find someone else to assist (there should be a backup plan to minimize this type of issue from occurring).
Are any live-in plans that appear to meet the criteria through the exception process going to be approved as it feels like most are not being approved?	Live-in service plans are going through a fairly level of scrutiny to ensure that only those that truly need live-in services actually receive it. If it does not meet the live-in criteria but does meet the exception criteria, it is helpful to specifically request the exception to the live-in service rule. Exceptions may be permitted if all of the rule requirements are met.
How does the system evaluate the natural supports then authorizing the live-in service? And am I understanding that every live-in plan will be 496 hours?	For 7 day live-in, yes by default they will all have 496 hours. In instances where some of the care is natural support, it may be more appropriate to consider an hourly plan instead that meets the needs of the individual.
What will the process be for getting approval for the 'emergent' > 19 hours?	At this time, we are requesting this need to go through the exceptions email box through your supervisor.
How must backing will we have to encourage CBC vs. live-in? Based on cost effectiveness.	When it comes to choosing between CBC and live-in, we encourage staff to talk to consumers about the benefits of choosing CBC services as well as in-home services so that the consumer can make an informed choice. We always will support the choice of a consumer. Within the in-home program, we want to further that choice by talking

	about the differences between an hourly and a live-in plan.
What I am hearing is 'client choice' is less relevant now due to these changes in the goal to tighten the budget and be better stewards of tax dollars? Also, the natural support rules are voluntary, so from the perspective of CO, how does a CM put more pressure on the NS resource?	"Client Choice" is still very important, however it is balanced by being stewards of the tax dollars. We still want to design plans that meet the needs of the individual, however if there are acceptable options that are more cost effective, then those options should be explored. As far as natural supports, it is difficult to put more pressure on a natural support if they don't want to be. However, it is ok to look at every possible way of including natural support type care in order to create an acceptable hourly plan instead of a live-in. Many family members or others closely associated with the consumer are more likely to provide some care as a part of their existing relationship, so asking if they are willing to continue this type of care is reasonable.
What does the relief live-in HCW get paid for a 24 hour shift?	A relief live-in HCW will get paid $175 per 24 hour shift, same as before.
Would the hourly hours for the 2 days be at $13.75 or $9.25 and how do we set that up in the service plan?	The hourly will be paid at the new rate of $14.00 an hour for all hours worked in this case. So long the live-in has the correct number of hours assigned to them, you can use any combination of assessed or exception hours for the hourly HCW.
What about doing an underpayment?	The process for underpayments and overpayments has not changed.
What do we do for the live in if the client doesn't have a traditional sleep pattern, i.e. Sleep for a couple hours and then up for two back down for four hours etc. in a 24 hour period?	The live-in HCW is most likely not receiving an adequate amount of sleep. An hourly HCW should be added to the plan so that the HCW can sleep. For claim purposes, if the live-in physically works more than 16 hours, the can claim the additional time on the voucher.
How does this fit into the payment of the actual respite time? The flow of getting time off for a live-in, and them getting their respite pay through the benefit trust? Then	The only thing we have to issue is the live-in respite voucher. We are not involved with the respite pay through the benefit trust. It is the live-in HCW's responsibility to

there are times that the respite time gets cancelled for whatever reason – who then lets the benefit trust know that the live-in provider should not be getting paid for that day off. How is communication handled between the provider, the CM, the clerk and the benefit trust? Who is ultimately responsible to coordinate the time off and payment?	coordinate their PTO or if they want to cancel it. It has no bearing on issuing respite vouchers.
I have a live-in who works out of the house during the day…. 5 days a week and a HCW comes in 3.5 hours a day.	That is not allowed per OAR 411-030-0068 (2)(a). Per the same rule section, an hourly is permitted only for 2 or more person tasks or to allow the live-in HCW to get an adequate amount of sleep.
Would we be able to use the 546SF for temporary changes?	The 546SF may still be utilized for one time changes. This form will soon be updated to incorporate some of the recent changes that have occurred.
What about paid time off?	For live-in HCWs, if they take a whole day off, they will just simply not record that day as worked on their voucher. If they took less than a day off, that can be indicated on the updated live-in voucher.
Most of our contract agencies will not accept less than a 2 hour shift, what do you suggest we do?	The intention that was behind this statement is that an agency provider, in some instances, may be utilized instead of a HCW as it has been shown that agency providers typically use less hours to provide care than HCWs. However, it is recognized that many agencies will not work for less than 2 hours for one shift.
Will we be able to see the payment calendar for the HCW's?	The payment calendar can be found at the HCW page from CM Tools.
How are we to defend our decision in a hearing when they meet the written criteria for a live-in provider and want one, but we find that it is not necessary?	Our approach is to initially come up with a service plan that meets their needs without automatically going to the option for live-in services. However, if a person is determined eligible live-in services, ultimately we need to provide them with this option as well.
Is it possible to get a list of live-in plans and the number of days each provider is assigned?	We will most likely run another live-in report soon. This is something we can look into.

Can you talk about how many different options there are for live-in providers i.e. 5/2, 6/1, ¾, 5/1/1?	So long each shift is 24 hours in length, there is no limitation in how the days are split up among HCWs.
How does this work with a relief provider?	You will still be able to issue a voucher for the respite provider in the same way as before.
What agency would cover the cost when a HCW is traveling between an APD client and a DD client for example?	The cost will be split between the two agencies.
I was not aware we could have a 5 day live-in and a 2 day hourly. How do you justify a live-in need 5 days a week, but the need is not there 2 days per week? In addition, how do we assess the hours for the 2 days? Are those counted as 16 hours for the hourly HCW?	This type of service plan is not very common, though it is technically allowed. Since live-in only looks at the awake hours, it is possible that the individual does not have any needs during their sleep. In that instance, an hourly plan may work for 2 days a week, with the most likely scenario is having 16 hours per day for the hourly HCW. Another scenario is that a natural support is immediately available 2 days a week to provide care, so that a live-in is not needed those two days. However, in most circumstances, the most appropriate plan is to have a live-in HCW 7 days a week.
If there are multiple live-in providers on a plan and one covers for the other, or a new HCW fills in for a dayshift, how would the CM authorize that?	If one live-in HCW covers for the other (and it is not reciprocated), they are exceeding the number of days per week they are authorized. A new voucher is generally needed in this circumstance.
So we need to update the service plan each month depending on the number of days in the months?	No need to update the service plan each month. The authorization is focused on the number days authorized per week, which generally will not change.
Will the annual re-assessment on a live-in plan be approved by the local manager instead of going through CO at some point?	It is certainly possible sometime in the future, however there are no anticipated changes in the immediate future.
How do we pay the hourly HCW when and if the HCW says they worked 24 hours?	I'm not positive on the intent of this question, so I'll answer in two different ways: An hourly HCW should not be working more than 16 hours per 24 hour period of time, per OAR 411-030-0070(6).

	The live-in HCW will still get paid at the live-in rate if they are approved for the full 24 hours of work.
The CA/PS service planning for live-in has the 496 hours that compute to a 16 hour day. So without prior authorization how will up to 19 hours per day be authorized and paid?	The new payment voucher for live-in HCWs will give them the opportunity to claim additional time spent during the typical sleeping hours of the HCW. Even if the CA/PS service plan does not designate these additional hours, the mainframe will allow up to 19 hours a day to be claimed by the HCW.
You said that there were only 2 scenarios where you could have a live-in and an hourly. What about plans where you have a 5 day live-in but shift care for the other 2 days with natural supports covering the overnight care?	I agree, this plan is a possibility as well.
I thought the hourly rate was $14/hour.	Yes, the hourly rate is $14 an hour for hourly HCWs. For live-in HCWs, their rate of pay for all hours is $9.25.
Any live-in plans that we assess this month, effective 1/1/16 we should add in the 288 live-in hours correct?	Yes, go ahead and create live-in service plans that equal 496 hours effective 1/1/16.
Will the live-in HCW's be paid time and a half for those hours over the 16 per day?	Just to be clear, overtime is not occurring on 1/1/16. That being said, overtime only would kick in if the HCW works more than 40 hours in a workweek.
Can you have a live-in provider that works less than 16 hours per day?	Service plans require the live-in HCW to work at least 16 hours a day.
1 HH, 2 consumers, both with live-in plans= 1 HCW providing care for both at one time. How do we set this up now?	One of the reports that was sent out to managers in early December identified individuals in this type of scenario. The requirement is to have the live-in individual with the lesser amount of assessed hours to move to an hourly plan. When the live-in HCW works for the hourly individual, those hours will be paid at the higher $14 an hour. Those hours will be reduced on the live-in voucher in order to not double pay the HCW. Consideration of a secondly HCW may be needed if there is a lot of care needed for both individuals.

On occasion a client will lose a live-in and the remaining live-in cannot pick up all their days. We have been allowed to patch together hourly until a new live-in can be started. Is this no longer allowed? Will we have to completely have to dismantle the live-in plan because of the loss of one of the HCW's?	In this scenario, it is ok to temporarily setup an hourly plan until a live-in HCW can be found.
We have been told we cannot make a HH member be a natural support, has this changed?	Policy surrounding natural supports has not changed. The natural support must be willing and able to provide the care at no cost. If this fits the criteria of a HH member, then an hourly plan may be more appropriate. A HH member can be paid for some tasks (as an hourly HCW) and not others if they meet the natural support definition.
So if the plan is on a 5 day live-in and 2 day hourly will the hourly days be 16 hours or something configured with the hours in the service plan? Also for the 2 days hourly plan will the HCW get paid the new $14 hourly rate or the live-in $9.25 rate?	For the hourly HCW, the hours are determined by the needs of the individual, so the actual number of hours authorized may vary for the hourly. The hourly HCW will be paid the $14 an hour.
Why are we having to contact CO for every live-in provider change, for a client that has numerous HCW changes but no change in plan? Do we have to send a 514 for every change?	Changing the live-in HCW does not require contact with CO. We may need more information on this question.
What do we mean by 'grandfathered' live-ins? Aren't we supposed to be converting them now?	This term is used in a couple of different ways. I believe you are referring to service plans that have not had a new assessment since the new rules went into effect on 8/31/15. Some cases have to converted (i.e. Spousal Pay or those that don't have any live-in hours) while others are considered voluntary conversions (they are most likely not eligible for live-in services but they haven't had a new assessment yet). We can't force any changes to those that fall under the voluntary category until a new assessment is created.

Have HCW and consumers been notified in writing or is this all being left up to field staff?	We are actively working on the notification to HCWs and individuals. However, depending on when we get the notifications out, there is a chance that you may receive some questions when they start receiving vouchers that are different than what they are accustomed to.
Do we need to redo exceptions effective 1/1/16 that the procedure has changed since approval?	There is no need to redo the exception request.
If someone claims over 19.5 hours, do we email SPD Exceptions a 514 or just an explanation as to why they need to be paid for 24 hours? And what is the turnaround time for an exception approval?	If someone goes over 19 hours, an email to SPD Exceptions is fine (no 514) with the explanation. Since we are looking at this one instance, the turnaround should be fairly quick. I believe the voucher will need to be in paid status prior to CO approval for any additional hours, but we will have to check in on that.
What are staff to do if a person will not voluntarily change to an hourly HCW?	We just have to wait until the next assessment. In the meantime, they will get paid at 16 hours per day.
What about relief vouchers for grandfathered live-ins?	Relief vouchers will work in the same way as they have before.
When are HCW's being trained on the vouchers?	We will get this information out to HCWs as soon as we can.
Where do we direct HCWs with questions on how to fill out the voucher?	Staff should familiarize themselves with the new voucher as soon as it becomes available.
Do the minutes for each day start after midnight?	The sleep time starts whenever it is the most appropriate time for the HCW to sleep (typically when the individual sleeps).
Will you provide an example of a completed voucher to the HCWs?	We will provide additional details on how to properly complete a live-in voucher to the HCWs.
If the consumer has unusual sleep patterns, is the HCW expected to sleep during the same time? And how are the additional minutes claimed?	If the individual's sleep patterns are to a point where the HCW is unable to get an adequate amount of rest, then an hourly HCW should be utilized as well. If that is not the case, the HCW and individual will have to best determine when the HCW's sleep time may start, then claim times for when care must be provided during that sleep time.

	Ultimately, they should not be claiming more than 19 hours per day.
On the HCW live-in lists we are working; can you explain more about the voluntary action if they don't want to take the action, does that mean we don't have to convert the case by 1/1/16?	For those that are on the voluntary list, if they choose not to convert, then no plan actions are needed until a new assessment has been created.
So in our branch we have a consumer that has 389 + 157 exception hours. He has a 7 day live-in that receives 417 hours and a relief hourly HCW that who receives 129 hours. How will this case be affected at recert?	The hourly HCW can only be authorized hours for when there is two person care or to allow the live-in HCW to get an adequate amount of sleep. In the future, the live-in HCW will get 496 hours by default, and a calculated amount of hours for the hourly HCW based upon the rule criteria. This may result in the hourly HCW losing some of their hours, however it is not considered a reduction in the service plan.
Is an hourly relief HCW paid at $9.25 per hour or at $14.00 per hour?	The relief HCW will be paid at $14.00 an hour. However, if they stay the entire 24 hour shift, they will be paid the flat rate of $175 per day.
Will we need to send a copy of the new 546ic?	With the end of the year changes, all ICP individuals need a new 546ic. See APD AR-15-076.
For ICP cases that have an approved live-in plan/hours that were already approved by CO in say September but it was for the live-in hours at that time of 159, how will those convert to the new 496 hours and will they need a new 514?	For already approved cases under the new live-in rules, a new 546ic is needed that reflects the 496 hours per month. This also requires a mainframe action. A new 514 is not required in this instance.
I would like to confirm for ICP – if live-in care assessed as a need, do we send these requests for an exception also for CO approval?	Yes, that is correct.
In regards to updating ICP rates for January, there won't be time to send appropriate notice for reducing the live-in hours. What's the plan for those?	If the ICP plan has not yet been assessed under the new live-in rules, you may keep the hours the same for now. They will change once an assessment occurs and a new service plan is developed.
Why were the ICP cases not on the live-in to hourly reduction list?	A voluntary reduction in an ICP case would have always resulted in a pay decrease,

	based upon the rate structure. For the traditional in-home cases, converting from a live-in to hourly, in many circumstance, would have resulted in an increase in pay in comparison to what they are receiving as of December 2015.
For an ICP case that is requiring 2 person assist for some tasks and currently is set up as a live-in but has hourly workers and yet meets the criteria for live-in, how should we treat this?	Hours for ICP should be calculated in the same way as a traditional live-in plan. They automatically get 496 hours. If there are two person tasks, then exceptional hours are added to the 496 hours to meet this need.
What if they say they were stuck in traffic for extra time how is that counted?	HCWs will be able to claim this additional time if this comes up.
Which client does the HCW put this 'travel time' on? Who do we direct HCW's question and complaints to regarding the travel time issues?	The times paid for travel time are not counted against any specific individual (though we need to know who it is in order to bill the appropriate program for the cost).
For the providers travel time, how is that authorized, monitored or approved? Is the CM responsible for doing any of this with regards to travel time?	The CM or any other field staff are not responsible for authorizing, monitoring, or approving travel time claims. The policy is important to understand in case any questions come up.
Who is responsible for determining that the HCW didn't take the long way around or go out the lunch and claim it on their travel time?	These things will be monitored and determined by centralized staff that are assigned to this task.
Who is responsible for monitoring and approving travel time to providers between clients?	These things will be monitored and determined by centralized staff that are assigned to this task.
Where will the HCW be claiming travel time?	A separate form will be provided for this.
Where there are multiple types of providers for travel time (APD, MH, DD, OPI) who is responsible for processing that voucher?	There will be centralized staff assigned to work on claims that that cross different programs.
Will there for verification required for the travel time and if so who verifies it?	In some circumstances verification of some sort may be requested.
What is the HCW lives in the same HH of one consumer they work for and then works out of the home for a second consumer? Do they get paid travel time in that instance?	Travel time is not permitted in this circumstance as one of the locations is considered their home.